

**Minutes of the meeting of the Board of Directors**  
**Held on Tuesday 31 October 2017**  
**In the Boardroom, Doncaster Royal Infirmary**

<b>Present:</b>	Suzy Brain England OBE	Chair of the Board
	Alan Armstrong	Non-executive Director
	Karen Barnard	Director of People and Organisational Development
	Moira Hardy	Acting Director of Nursing, Midwifery and Quality
	John Parker	Non-executive Director
	Richard Parker	Chief Executive
	Linn Phipps	Non-executive Director
	David Purdue	Chief Operating Officer
	Neil Rhodes	Non-executive Director
	Jon Sargeant	Director of Finance
	Philippe Serna	Non-executive Director
	Sewa Singh	Medical Director

<b>In attendance:</b>	Ruth Allarton	Associate Non-executive Director
	Kirsty Edmondson Jones	Director of Estates and Facilities
	Matthew Kane	Trust Board Secretary
	Simon Marsh	Chief Information Officer
	Marie Purdue	Director of Strategy and Transformation
	Emma Shaheen	Head of Communications and Engagement

Two members of the public

**ACTION**

**Welcome and apologies for absence**

**17/10/1** All were present. The Chair welcomed Ruth Allarton to her first meeting of the Board as associate non-executive director.

**Declarations of Interest**

**17/10/2** Board was reminded of the need to keep their registers of interests up-to-date.

**Actions from the previous minutes**

**17/10/3** The list of actions from previous meetings was noted and updated.

**17/10/4** It was noted that action 3, relating to attendance by non-executives at quality summits, would be discharged shortly as Linn Phipps was attending a quality summit on Respiratory ward.

**Doncaster Growing Together**

**17/10/5** The Board considered a presentation from Lee Tillman, Assistant Director of Strategy and Performance at Doncaster MBC, which set out some of the

work the Council was doing around the Doncaster Growing Together model.

**17/10/6** Doncaster Growing Together was an integrated partnership approach to providing services which was based around four key areas:

- Doncaster Learning
- Doncaster Working
- Doncaster Caring
- Doncaster Living

**17/10/7** These areas were underpinned by a commitment to keep it simple, deliver value, expect contribution, be ambitious and do things together. The aspirations and projects associated with each of the four key areas were set out.

**17/10/8** Doncaster Growing Together was launched on 21 September and work on spreading the news about the programme was taking place until December 2017. Community engagement would start in November 2017.

**17/10/9** Board was advised that some of its directors were already actively working with the Council to support some of the projects, e.g. estates and facilities. In response to a question from Philippe Serna, the Board was advised that the work had been received well by the local community.

**17/10/10** It was noted that as one of Doncaster's largest employers the Trust could play a huge role in the success of Doncaster Growing Together and in the wider economy and education of the locality. Linn Phipps commented that the Trust should be actively engaged in the Council's plans for community engagement and the presentation should emphasise the co-production element from the start.

**17/10/11** The Board NOTED the presentation on Doncaster Growing Together.

### **Strategy & Transformation Update**

**17/10/12** The Board considered a report of the Director of Strategy and Transformation which presented for approval the enabling strategies relating to:

- Patient Experience and Engagement
- People and Organisational Development
- Quality Improvement and Innovation
- Clinical Governance and Assurance Strategy
- Communications and Engagement Strategy

**17/10/13** The remaining strategies would be brought to Board in due course.

**17/10/14** The Board commended the template but asked that each strategy be distilled into a summary version with key objectives to facilitate awareness across the Trust. Reflecting on the recent *King's Fund* video on how the NHS worked, the Chief Executive advised Board that the Trust wanted to do something similar for its strategies.

**17/10/15** The enabling strategies for Patient Experience and Engagement, People and Organisational Development, Quality Improvement and Innovation, Clinical Governance and Assurance and Communications and Engagement were APPROVED.

#### **Emeritus Status**

**17/10/16** The Board considered a report of the Medical Director that proposed the granting of Emeritus Status for Dr Bruce Bittiner.

**17/10/17** Dr Bittiner had worked in the Trust for a period of 25 years as a Consultant Dermatologist and held the role of Specialty Clinical Governance Lead for Dermatology for a period prior to the organisational re-structure in 2014, and continued to support the clinical governance team thereafter.

**17/10/18** The granting of Emeritus Consultant Status to Dr Bruce Bittiner, Consultant Dermatologist at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, was APPROVED.

#### **Chair's Assurance Logs for Board Committees held 25 October 2017**

**17/10/19** The Board considered the assurance reports of the Chairs of Finance and Performance and Quality and Effectiveness Committees, following their meetings on 25 October 2017.

**17/10/20** The Board was advised that while performance was on track, use of reserves had once again been applied to ensure the Trust reached a sustainable month end financial total. A consultant firm, BDO, had been employed by the Trust to assist in meeting the control total.

**17/10/21** The Board was further advised that grip and control mechanisms had been reviewed along with temporary staffing and rostering elements. The planned CIP for this year was £12m against an original plan of £14.5m. NHS Improvement was fully aware of the work the Trust was undertaking to ensure it hit its plan. A new Efficiency Director, David Fox, would be employed by the Trust subject to the approval of a business case.

**17/10/22** Further to a question from Alan Armstrong about ensuring a transfer of skills from BDO to in-house staff, the Board was advised that the arrangements allowed for a blended team and the new Efficiency Director would be a substantive post who would report directly into the Director of Finance.

**17/10/23** The Board was advised that the two key strands to the work the Trust was doing on its financial position was, first and foremost, about meeting its control total, and secondly around the wider reshaping of services across the South Yorkshire and Bassetlaw area. Further CIP workstreams were also required. Once the position had been stabilised, further opportunities would be sought out.

**17/10/24** The Board was advised that the Quality and Effectiveness Committee had been looking at what assurance meant and examples of new assurance style reports that had been developed, with six assurance questions, were shared as part of the QEC Chair's Log. The Board confirmed they were helpful in terms of highlighting key issues.

**17/10/25** Board RECEIVED the Chairs' Logs for assurance.

#### **NHS Protect – Withdrawal of Support for Local Counter Fraud**

**17/10/26** The Board considered a report of the Local Counter Fraud Specialist that set out how the Trust was responding to notification that NHS Protect was fundamentally changing its support to local counter fraud teams.

**17/10/27** The Board was advised that NHS Protect was withdrawing from direct operational support during 2016/17 to NHS organisations and their incumbent local counter fraud specialists, to a model of standard setting, bench marking and assurance that would enable local corrective action. The onus for compliance was now firmly on trusts and to some extent the Chair of a relevant Audit Committee to oversee anti-crime activity.

**17/10/28** Particular changes included:

- The local area anti-fraud services provided by NHS Protect being phased out and no longer provided from 1 April 2017.
- The application of the decision that Boards now had sufficient knowledge of anticrime procedures without the need of support by NHS Protect.
- The withdrawal of services for advice and guidance in counter fraud matters to the Trust.
- The withdrawal of training and support to anti-crime specialists.
- The cessation of NHS Protect's local review of investigation files.

**17/10/29** In March 2017, the Chair of the Audit and Non-clinical Risk Committee at the Trust wrote a letter to the Managing Director of NHS Protect to seek clarification of their intentions and to seek assurance regarding the future. The resultant response reaffirmed the points outlined.

**17/10/30** No particular issues had been encountered to date but Board agreed to review the position in 12 month's time. Neil Rhodes commended the executive summary within the report as a good example that should be followed by others.

**17/10/31** The report was NOTED.

#### **Finance Report – September 2017**

**17/10/32** The Board considered a report of the Director of Finance that set out the Trust's financial position at month 6, 2017/18.

**17/10/33** The month six position was a £13,006k deficit, which was £673k ahead of the planned year-to-date figure of £13,679k. This included £419k of Sustainability and Transformation Fund (STF) income relating to 2016/17 that could be counted towards the Trust's control total. The position that would be used by NHS Improvement to monitor the Trust's financial performance was a deficit of £13,483k, £4k better than the control total target-to-date.

**17/10/34** During September, expenditure reduced from previous run-rate levels, largely driven by a reduction in medical agency spend. However, the income position was significantly worse than expected, due to unfilled theatre slots in Trauma and Orthopaedics, causing a significant pressure on the Trust's bottom line.

**17/10/35** In addition, the Trust had met with colleagues at the CCG to ensure RTT figures were maintained and control totals were hit. In response to a question from Linn Phipps about levels of reserves, the Board was advised that levels of reserves were adequate but that the steps taken to ensure the Trust hit month-end totals meant that much of it had been utilised.

**17/10/36** The Board NOTED the month 6 2017/18 financial position of £13.4 million deficit, £4k favourable to plan after removal of the 16/17 STF funding and any variance related to donated asset income.

#### **Performance Report as at 30 September 2017**

**17/10/37** The Board considered a report of the Chief Operating Officer, Medical Director, Acting Director of Nursing, Midwifery and Quality and Director of People and Organisational Development that set out clinical and workforce performance in month 6, 2017/18.

**17/10/38** Performance against key metrics included:

**4 hour access** - In September the Trust achieved 93.72% against the 95% standard (94.3% including GP access). As an organisation, DBTH remained in the top 35 of trusts for performance.

**RTT** – In August, the Trust performed below the standard of 92% achieving 89.5%, with four specialities with a high number of patients above 18 weeks, these being: Ophthalmology, ENT, General Surgery and Orthopaedics.

**Cancer targets** – In August the 62-day performance achieved the 85% standard, coming in at 85.7%. The Trust's two-week wait performance dipped however, at 88.1%.

**HSMR** – The Trust's rolling 12 month HSMR remained better than expected at 88.39, an improvement from last month.

**C.Diff** – The rate of cases remained slightly above trajectory. Interventions on deep cleaning, antibiotic stewardship and monitoring hand washing compliance continued.

**Nursing Workforce** - The Trust's overall planned versus actual hours worked in September was 99%.

**Appraisal rate** - The Trust's appraisal completion rate dipped to 54%, lower than last month.

**SET training** - There has been an increase in compliance with Statutory and Essential Training (SET) and, at the end of September, the rate was 70%.

**Sickness absence** – The Trust continued to see a rise in sickness, with September being 4.37% and the year-to-date position being 4.24%. The increase was associated with absences of less than 28 days and a small rise in episodes of three months in duration. The HR Business Partners would be emphasising the need to undertake return to work interviews.

Linn Phipps raised the question of what performance data could be reviewed at board committees as distinct from the Board and indicated that QEC had started looking at this and the concept of exception reporting.

**17/10/39** The Performance Report was NOTED.

### **Winter Planning**

**17/10/40** The Board considered a report of the Chief Operating Officer that provided assurance on the potential activity growth and risks to the 4hr Access Target as a result of winter pressures.

**17/10/41** Details of key metrics were shared together with six areas of focus which systems must act on to improve focus. These were:

- Access to 111

- Ambulance Response Programme, increased clinical triage
- GP Accessibility (increased GP assess monies for each CCG)
- Urgent Treatment Centres , with the Doncaster plan to be first wave for an Urgent Care Centre
- ED streaming
- Flu Vaccinations, with DBTH achieving 75% of front line staff

**17/10/42** There was discussion around the Trust’s recent ‘System Perfect’ exercise that brought together teams across the Doncaster and Bassetlaw’s health and social care community to improve patient flow and experience, and to better understand urgent and emergency care pathways. There were a number of initial and wider impacts of the exercise on the Trust and these were detailed in the report. There was a desire from the Board to learn more about System Perfect through a planned workshop, potentially involving partners. **DP**

**17/10/43** Progress against the Winter Plan would be reported monthly to the Board of Directors as part of the Business Intelligence Report.

**17/10/44** Board NOTED the report and that actions identified would improve patient outcomes.

**Missed Appointments Engagement Project**

**17/10/45** The Board considered a presentation from Emma Challans, Deputy Chief Operating Officer, that outlined the work the Trust was doing in relation to missed appointments.

**17/10/46** Around 50,000 appointments were missed last year with more than 8,000 alone in ophthalmology. This project, in association with Healthwatch, sought to work with people across primary and secondary care to understand why hospital appointments were missed.

**17/10/47** Work would start in December and the recommendations would form part of a report. The Board commended the approach and felt that the issue would make a good subject for a future deep dive topic at Finance and Performance Committee. Linn Phipps felt the work was a good example of the Trust co-producing work with Healthwatch.

**17/10/48** The presentation on the Missed Appointments Engagement Project was NOTED.

### **Nursing Workforce Report**

- 17/10/49** The Board considered a report of the Acting Director of Nursing, Midwifery and Quality which provided detailed information relating to the nursing workforce, highlighting issues that could impact on the Trust's ability to sustain appropriate staffing levels and skill mixes.
- 17/10/50** The overall planned versus actual hours worked in September 2017 was 99%, a one per cent decrease since August. Care Hours Per Patient Day (CHPPD) stood at 7.59. Ward A5 and Respiratory were both assessed red for quality in the month and would be subject of a quality summit.
- 17/10/51** The Board of Directors NOTED the content of the paper and SUPPORTED the actions identified to ensure that the risks associated with inappropriate nurse staffing levels were appropriately managed.

### **Bassetlaw Mortality – Fractured Neck of Femur**

- 17/10/52** The Board considered a report of the Medical Director that set out, for assurance purposes, reasons for the differentiation in hospitalised standard mortality rate (HSMR) at Doncaster and Bassetlaw sites.
- 17/10/53** The rolling 12 month relative risk mortality (HSMR) for fractured neck of femur had showed a divergence in outcome between Doncaster Royal Infirmary (57.86) and Bassetlaw Hospital (115.18) giving an overall HSMR for the Trust of 68.88.
- 17/10/54** In order to identify possible causes for this discrepancy between the two sites a review was undertaken for the period September 2016 to August 2017 inclusive through a mortality review process using the structured judgement method. The key lessons from the review were highlighted in the report.
- 17/10/55** On review of this cohort of patients there did not appear to be any cause for concern with the quality of care despite the apparent increase in mortality. The numbers involved were fairly small and therefore no appropriate judgement on the HSMR could be made as to its significance.
- 17/10/56** Coding has been identified as an issue at the Bassetlaw end and the orthopaedic specialty had now adopted the Nottingham Hip Fracture Score that tended to highlight the potential role of co-morbidities on predicted mortality. However, this score was not transferrable to coding and therefore action had been taken to directly identify the relevant co-morbidities with respect to improving coding. The orthopaedic department had also strengthened their mortality review process with input from ortho-geriatricians into case note reviews and the completeness of the reviews were monitored by the Matron. All deaths were now the subject of a structured judgement review.

**17/10/57** The report into Bassetlaw mortality – fractured neck of femur was NOTED.

### **Corporate Risk Register and Board Assurance Framework**

**17/10/58** The Board considered a report of the Trust Board Secretary which presented the quarter two corporate risk register and board assurance framework (BAF) for monitoring.

**17/10/59** In the quarter:

- Two new risks had been placed on the BAF.
- Two of the risks on the BAF had seen ratings change.
- One risk had escalated to the corporate risk register, relating to medical agency spend.

**17/10/60** In addition, controls and assurances on both documents had been updated. Six training sessions had taken place with staff on risk management and Datix. Meanwhile, the Quality and Effectiveness Committee had undertaken their first deep dive into one of the risks on the BAF around communicating service changes to the public and staff. Further deep dives were planned.

**17/10/61** The Corporate Risk Register and BAF were NOTED.

### **Reports for Information**

**17/10/62** The following items were NOTED:

- Chair and NEDS' report
- Chief Executive's report
- Finance and Performance Committee minutes, 19 September 2017
- Quality and Effectiveness Committee, 22 August and 22 September 2017
- Charitable Funds Committee minutes, 25 July 2017
- Minutes of Management Board, 11 September 2017
- Board of Directors' Calendar

### **Items escalated from Sub-Committees**

**17/10/63** None.

**Minutes**

**17/10/64** The minutes of the meeting of the Board of Directors on 26 September 2017 were APPROVED as a correct record with the addition of John Parker to the list of attendees and insertion of Kirsty Edmondson Jones in the list of those in attendance (rather than present).

**Any other business**

**17/10/65** There was no any other business.

**Governors questions regarding business of the meeting**

**17/10/66** There were no questions from governors.

**Date and time of next meeting**

**17/10/67** 9.00am on Tuesday 28 November 2017 in the Boardroom, DRI.

**Exclusion of Press and Public**

**17/10/68** It was AGREED that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

Suzy Brain England  
**Chair of the Board**

**Date**